Application or Docket Number													ber	٠
PATENT APPLICATION FEE DETERMINATION RECORD														
Effective October 1, 2003 10 730296														
		CLAIMS AS	(Column 1) (C			(Column 2)		SMALL TYPE		עדו <sup>י</sup> רץ □	OR	OTHER SMALL		
TOTAL CLAIMS			20				RA	TE	FEE		RATE	FEE	-	
FOR			NUMBER FILED		NUMBER EXTRA			BASI	FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			20 minus 20=		. 0			xs	9=		OR	XS18=	-	(
INDEPENDENT CLAIMS			2 minus 3 =		. 0			X4				X86≃		
MULTIPLE DEPENDENT CLAIM PR					~~			_^4	3=		OR	700=		
L							J	+14	5=_		OR	+290=		
* 11	the difference	in column 1 is i	less than zero, enter "0" in column 2					TO	AL		OR	TOTAL	770	
3-14-05 (Column 1) (Column 2) (Column 3)								Cas		ENTITY	OR	OTHER SMALL		
	ハンク	(Column 1) CLAIMS		(Colur		(Column 3)	1	SWALL		ADDI-	1	JALL	ADDI/	
AMENDMENT A		REMAINING AFTER		NUM PREVIO	DUSLY	PRESENT EXTRA		RA	ΓE	TIONAL		RATE	TIONAL	
	Total	AMENDMENT 2	Minus	PAID	FOR (7)	=		xs	٥-	FRE	OR	X\$18=		
	Independent	. 3	Minus	***	<u>ン</u> ス	=				-	UH	X86=		
AN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. X4	5=		OR	×60=		
11,18,21								+14	5=		OR	+290=	-	••
٠,	( )				_	•		TO ADDIT	FEE		OR	TOTAL ADDIT. FEE		-
		(Column 1)		(Colui	nn 2)	(Column 3)								
AMENDMENT B		CLAIMS REMAINING		HIGH NUM		1				ADDI-			ADDI-	
		AFTER AMENDMENT		PREVI	DUSLY	EXTRA		RATE	TE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=	1	XS	9=		OR	X\$18=		
	Independent	*	Minus	***		=	1	X4	3-		1	X86=		
₹	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDEN	CLAIM	]			<u> </u>	OR				
											OR	+290=		
TOTAL ADDIT. FEE											OR	TOTAL ADDIT. FEE		
		(Column 1)	<u>.</u> .	(Colu		(Column 3	_							
AMENDMENT C	•	CLAIMS REMAINING			EST BER	PRESENT				ADDI-			ADDI-	
		AFTER AMENDMENT			OUSLY FOR	EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE	j
	Total	•	Minus	**		=		X\$	9=		OR	X\$18=		
	Independent	•	Minus	***		=	]	X4	3=		1	X86=		1
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							<u> </u>		<b> </b>	OR		<del> </del>	1
	4.0				- <b>-0</b> 2	stuma 2		+14			OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **OPAIL FEE  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR	TOTAL ADDIT, FEE		1
•••	ii the "Highest Nu The "Highest Nun	mber Previously Pa nber Previously Pa	aid For (Total o	i Independ	is less the lent) is the	e highest numi	ber fo	und in	the ap	propriate bo	ox in c	olumn 1.		